



STATE OF MARYLAND

DHMH

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Office of Preparedness & Response

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Public Health & Emergency Preparedness Bulletin: # 2007:45 **Reporting for the week ending 11/10/07 (MMWR Week #45)**

CURRENT HOMELAND SECURITY THREAT LEVELS

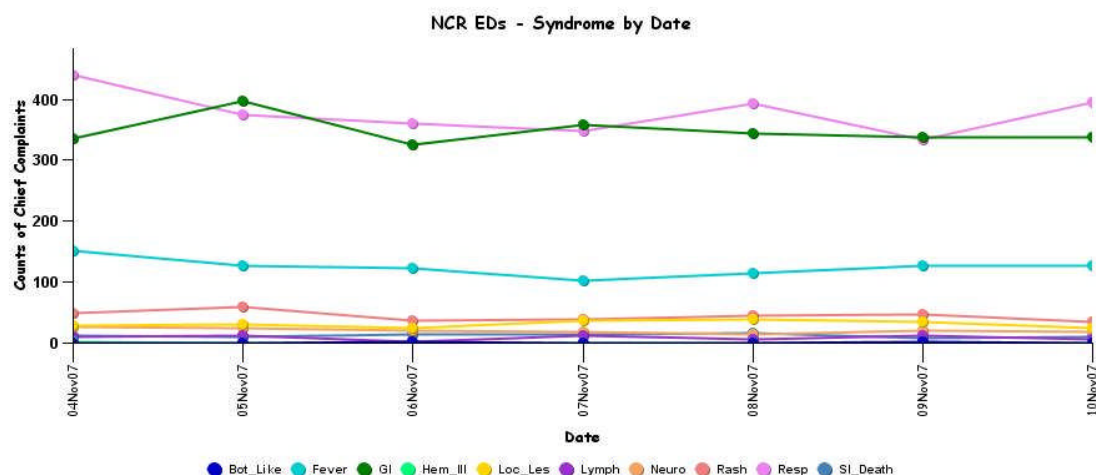
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

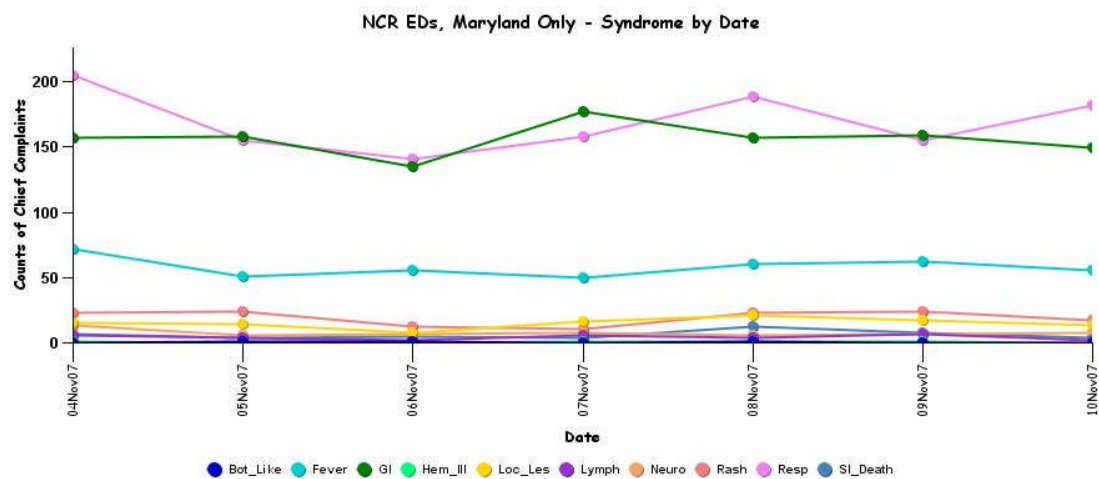
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

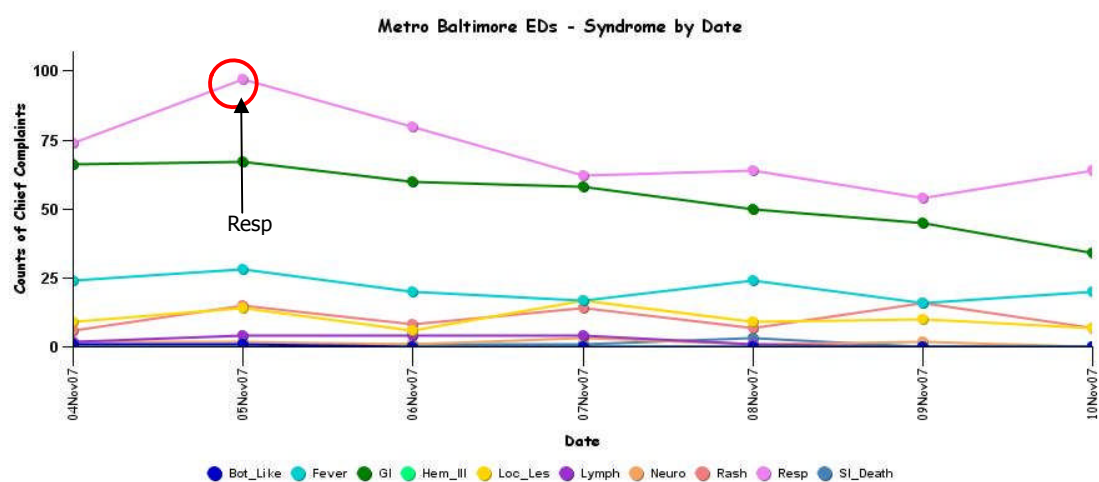
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system

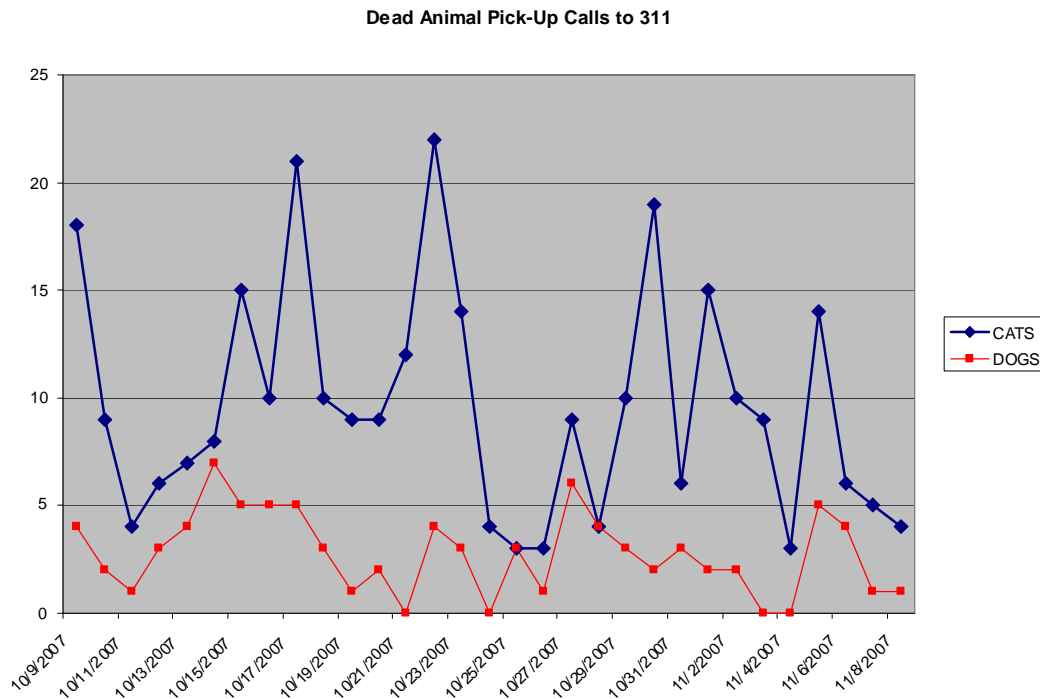


* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



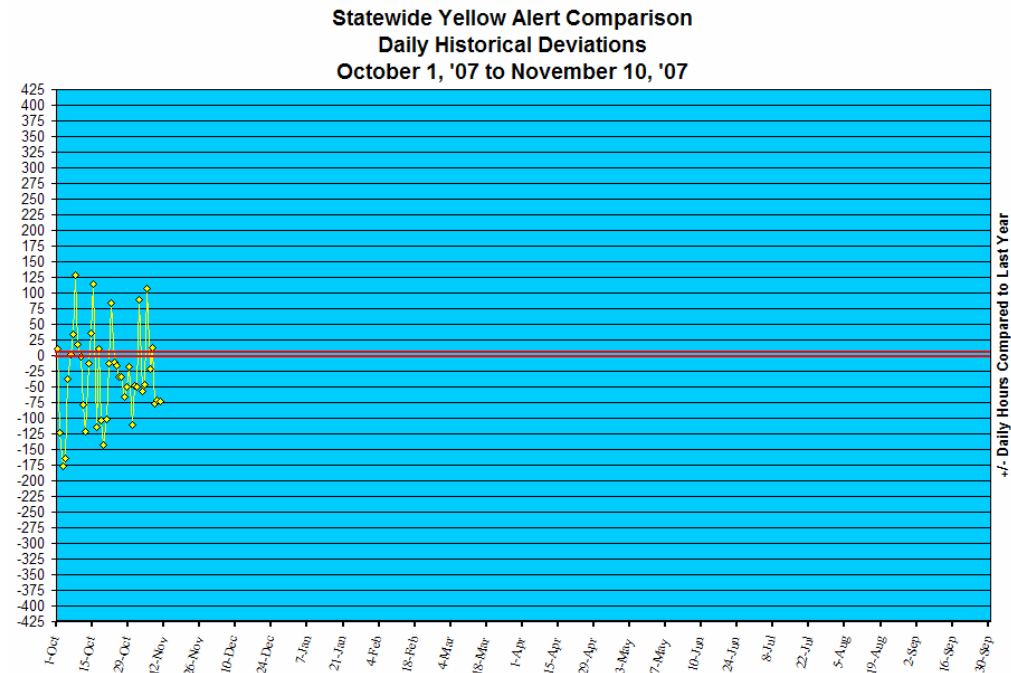
* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.



REVIEW OF MORTALITY REPORTS

OCME: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in October 2007 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases:	22	-
Prior week:	21	0
Week#45, 2006:	17	0

OUTBREAKS: 4 outbreaks were reported to DHMH during MMWR Week 45 (Nov. 4- Nov. 10, 2007):

2 Foodborne Gastroenteritis outbreaks

- 1 outbreak of FOODBORNE GASTROENTERITIS/SALMONELLOSIS associated with a Private Home
- 1 outbreak of FOODBORNE GASTROENTERITIS associated with a Restaurant

1 Rash illness outbreak

- 1 outbreak of MRSA associated with a School

1 Respiratory illness outbreak

- 1 outbreak of STREPTOCOCCAL PHARYNGITIS associated with a School

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May. No cases of influenza were reported to DHMH during MMWR Week 45 (November 4 - 10, 2007). Based on surveillance definitions, there are no lab confirmed influenza cases in Maryland to date this season.

***Please note:** Influenza data reported to DHMH through the National Electronic Disease Surveillance System (NEDSS) is provisional and subject to further review.

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at:
<http://bioterrorism.dhmh.state.md.us/flu.htm>

WHO update: As of November 5, 2007, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 334, of which 205 have been fatal. Thus, the case fatality rate for human H5N1 is about 61%.

AVIAN INFLUENZA, HUMAN (Indonesia): 6 Nov 2007, The Ministry of Health of Indonesia has announced a new case of human infection of H5N1 avian influenza. A 30-year-old female from the Tangerang Municipality, Banten Province,

developed symptoms on Oct 23, was hospitalized on Oct 31, and died in an Avian Influenza referral hospital on Nov 3. The investigation found that there were poultry deaths in the case's neighborhood in the days prior to her onset of symptoms. Of the 112 cases confirmed to date in Indonesia, 90 have been fatal.

AVIAN INFLUENZA, HUMAN, SUSPECTED (Viet Nam): 8 Nov 2007, A Taiwanese man died of pneumonia in Can Tho city on Nov 5, local doctors, who suspect he had contracted bird flu, said. The man was taken to the city General Hospital at 3:00 am Monday Nov 5 with high fever and breathing problems. He died at 2:00 pm. The doctors have sent his blood samples to Pasteur Institute in Ho Chi Minh City to test for the H5N1 strain of bird flu virus, which has caused 100 infections and 46 deaths in Viet Nam in the last few years. The man's family said his father in Taiwan too was suffering from pneumonia-like symptoms.

NATIONAL DISEASE REPORTS:

GASTROENTERITIS, PRISONERS (Oregon): 5 Nov 2007, An Oregon prison canceled weekend visiting hours because about a third of the inmates got sick. Spokeswoman Julie Martin says state health officials are trying to identify the cause of the disease at Shutter Creek Correctional Institution at North Bend. This minimum-security prison houses nearly 250 inmates. The symptoms include nausea, vomiting, and diarrhea. Martin says only a handful of prison employees are sick. Prison officials also canceled outside inmate work crews on Monday. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

PLAGUE, PNEUMONIC (Arizona): 10 Nov 2007, A wildlife biologist at Grand Canyon National Park most likely died from the plague contracted while performing a necropsy on a mountain lion that later tested positive for the disease, officials said on Nov 9. The 37 year old, who worked in the park's cougar collaring program, became ill on Oct 30 and called out sick from for a couple of days before being found dead in his home on Nov 2. Tests were positive for pneumonic plague. Officials said 49 people who came in contact with the biologist were given antibiotics as a precaution. None have shown symptoms of the disease. The biologist had skinned the cougar and was exposed to its internal organs during the necropsy he performed 3 days before developing symptoms, said David Wong, an epidemiologist for the USA Public Health Service. The cougar, which had died from the plague, was believed to have remained in back-country areas where park visitors wouldn't normally go, officials said. The National Park Service is planning to review its safety guidelines for wildlife biologists and make possible recommendations for improvements. Park Superintendent Steve Martin said authorities were examining whether the guidelines were followed in this case. (Plague is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

GASTROENTERITIS, CRUISE SHIP, NOROVIRUS SUSPECTED (Hawaii): 10 Nov 2007, Norwegian Cruise Line (NCL) said about a 6th of the 2500 passengers on board its Pride of Hawaii cruise ship became sick this week. The passengers fell ill after leaving Honolulu Harbor on Nov 5. NCL said it is telling its passengers booked on its next cruise about the outbreak so they have the option of not sailing if they are not comfortable. Operators of buses and cabs who handle passengers of the cruise line were notified about the problem. NCL sent out a memo saying, "To prevent an occurrence of the Norwalk virus infection, NCL would recommend that all motor coaches and tour equipment utilized by Pride of Hawaii and Pride of Aloha passengers be sanitized prior to and after each excursion." NCL said the outbreak has been confined to just the one ship. NCL is not required to notify the state Department of Health when there is an outbreak. Because of federal jurisdiction its notification extends to the Food and Drug Administration and Centers for Disease Control and Prevention. State health officials said they were contacted to run lab tests for the company to confirm if it is the Norwalk virus or some other type of illness. NCL said it is cleaning and disinfecting all its buses on all islands and is asking all its tour operators to do the same. Passengers onboard the Pride of Hawaii were not allowed to disembark in Maui on Nov 7. The company said it was not because of the outbreak; it was due to an oil spill clean up in Kahului. The ship apparently spent the day at sea and then diverted to Kona. It arrived in Maui on Nov 9 and is expected to continue on to Kauai. Passengers who became ill with nausea, vomiting and diarrhea were asked along with their cabin mates to remain quarantined in their rooms for 24 hours. NCL said it is giving those passengers a \$200 on-ship credit. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

CHOLERA (Iraq): 4 Nov 2007, The most important development this week is the steep increase in the number of cholera cases reported from Baghdad compared to last week. The number of laboratory confirmed cases jumped from 11 to 24 cholera cases representing an increase of 227 percent in the cumulative cases. 26 percent of new confirmed cholera cases this week were reported from Baghdad Resafa; mainly from the highest risk areas in the 3 most disadvantaged districts in Baghdad (Sadder City, Me'dain, and Resafa districts). Data provided from Baghdad is neither complete nor timely; therefore what is reported may be an underestimation of the real situation. As of Nov 4, 45 districts, 28 in northern Iraq and 17 in the center and south have reported laboratory confirmed cases of cholera. One of the important features in this outbreak is that most of the cases seen have mild to moderate signs and symptoms. The traditional signs and symptoms of severe dehydrating diarrhea were seen only very occasionally, out of the 4527 laboratory-confirmed cholera cases; 22 deaths were reported, most of the deceased had other, serious underlying morbidity. Specific control

measures to contain this ongoing outbreak and limit its spread to other areas have been reinforced by the concerned governmental departments of the affected provinces, with technical support from WHO. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

E.COLI, ESBL (United Kingdom): 6 Nov 2007, More cases of a virulent form of E. coli have been found on farms in Wales and South West England, mainly Somerset and Wiltshire, the Soil Association said. The strain, known as Extended Spectrum Beta Lactamase E. coli (ESBL E. coli), was first discovered in Wales in 2004. Richard Young, from the Soil Association, said: "Since then, it has been found in 32 farms across the UK." ESBL E. coli causes around 30,000 cases of blood poisoning and urinary tract infection each year. It is thought to have developed a high degree of resistance to antibiotics through their use in intensive livestock operations. Its spread from farm to farm has mirrored the rise in the number of infections and deaths in the human population. Experts at the Health Protection Agency are investigating a possible link between the bugs found in livestock and the sale of meat and milk. Dr. Georgina Duckworth, who compiled a report for the agency on the emergence of the E coli, concluded: "The findings show evidence of people carrying these bacteria in their gut. If this is found to be commonplace in the general population this may point towards the food chain being a potential source." During slaughter, the bug, which lives in the gut, can be spread through meat, making it a risk to abattoir workers. Similarly, bugs from cow dung can get into milk during milking. The Soil Association said movement restrictions and drugs controls should be placed on the affected farms. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA (India): 7 Nov 2007, Hundreds have been affected by chikungunya virus in the Orissa district with heavy rush of patients complaining of high fever and joint pains reported in various hospitals and dispensaries. While officially 5 persons have died so far, unofficial reports put the toll at 15. While the disease is not responding to conventional treatment, health authorities have sent fresh blood samples to Bhubaneswar for test. Last month, the dreaded virus was detected in 27 blood samples out of the total 31 sent for test. Worst hit were 2 villages in Nimapara block. Within a span of 45 days after detection of first case in Vailipur village under the Nimapara primary health center the virus now has spread its tentacles to almost all blocks. However, chief district medical officer Trilochan Boral put up a brave front by saying the disease would be contained. Inordinate delay in examining the blood samples in a Bhubaneswar lab was the biggest impediment in the containing the spread of the dreaded virus, doctors said. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (Viet Nam): 9 Nov 2007, A total of 1216 people from 13 cities and provinces in Viet Nam have been confirmed to have contracted acute diarrhea since the disease started affected the country on Oct 23, of whom 157 have been tested positive for the cholera bacterium. On Nov 8 alone, the country detected 165 new infection cases, including 47 from Hanoi capital, 41 from northern Ha Tay province, and 20 from northern Hung Yen province, local newspaper New Hanoi quoted Nguyen Huy Nga, head of the Preventive Medicine Department under the Vietnamese Health Ministry, as saying. To prevent the disease's spread, the ministry has asked relevant agencies and people to focus on monitoring food hygiene, disinfecting areas housing patients, and suspending use of raw shrimp paste in processing food. (Water Safety Threats and Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA, REFUGEE CAMPS (Democratic Republic of Congo): 9 Nov 2007, UNHCR and its partners have stepped up this week efforts to curb the spread of cholera which broke out in early October 2007 in 5 camps hosting some 45,000 internally displaced persons (IDPs) in the Mugunga area west of Goma in the troubled North Kivu province of the Democratic Republic of the Congo (DRC). According to health workers, by the end of October 2007, there were a total of 439 suspected cases of cholera, 189 of them reported over a 5-day period (Oct 24-28). The latest reports from the camps indicate that the cholera situation appears to be stabilizing as the number of new suspected cases is slightly dropping. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA, UGANDAN REBELS (Sudan): 9 Nov 2007, An outbreak of cholera has swept a camp housing Uganda's rebel Lord's Resistance Army (LRA), infecting its leader Joseph Kony, his deputy Vincent Otti, and scores of fighters, a spokesman said Nov 9. The outbreak, caused by recent flooding and poor sanitation in the Sudan-Democratic Republic of Congo frontier hideout, was first reported in September 2007, but details of fatalities remain unclear. Scores of LRA fighters were seen on Nov 8 buying medicine in the border outpost of Nabanga, according to a top official from the Sudan People's Liberation Movement (SPLM), which governs the semi-autonomous region of southern Sudan. There were no reports of fatalities. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

GIARDIASIS, HUMAN (United Kingdom): 10 Nov 2007, The number of people in Ilkley suffering from a gastro-intestinal illness caused by the Giardia lamblia parasite has risen to 46. Dr. Martin Schweiger, consultant in communicable disease control at the West Yorkshire unit of the Health Protection Agency, said: "Cases are continuing to come to our attention- there are now 46 people who have tested positive for giardia." "We are continuing to encourage people to contact their GP if they feel unwell. If someone has already tested negative for giardia but their symptoms persist, then they should go back to their GP to be tested again. Giardiasis, a gastrointestinal illness, is caused by the protozoan parasite Giardia intestinalis. Giardiasis outbreaks are often associated with contamination of the water supply. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

*Cases and outbreaks will be cited for suspect level with regards to suspicion of BT threat. Therefore, cases and outbreaks will be categorized as "Determined BT", "Suspect" or "Non-suspect".

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmh.state.md.us/>

HHS Unveils Plan to Strengthen, Update Food Safety Efforts

A new food protection plan released by the Bush administration proposes giving the Food and Drug Administration (FDA) the power to require companies to recall unsafe foods, among a number of other steps. The Food Protection Plan was released along with an overall Import Safety Plan, which provides recommendations for improving the safety of imports entering the US. (<http://www.hhs.gov/news/press/2007pres/11/pr20071106a.html>)

Outbreak of Tularemia in Castilla y León, Spain

This report describes an outbreak of tularemia, with confirmed 362 cases, in the central areas of Castilla y León beginning in late June 2007. Due to the fact that this outbreak occurred in a rural area that has fauna and crops with very particular characteristics, and which has also experienced previous outbreaks of tularemia, this outbreak is believed to be naturally occurring. (<http://www.eurosurveillance.org/ew/2007/071108.asp#1>)

Salmonella Typhimurium Infection Associated with Raw Milk and Cheese Consumption- Pennsylvania, 2007

This report summarizes the findings of an investigation by Pennsylvania Department of Health and Pennsylvania Department of Agriculture, which determined that 29 cases of diarrheal illness caused by S. Typhimurium were associated with consumption of raw milk or raw milk products from a single dairy. (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5644a3.htm>)

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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